

FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 335

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>				c. LENGTH OF STAY (in this place) <u>4 weeks</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piedmont</u>			
				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lillian</u>		b. (Middle) _____		c. (Last) <u>Hannapel</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>5</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 25, 1867</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>4</u>	11. YEARS <u>10</u>	12. IF OVER 100 YEARS <u>Hours</u> <u>Mins.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Lightfoot</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Higgins</u>		14. NAME OF HUSBAND OR WIFE <u>James Henry Hannapel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Abbott</u> ADDRESS <u>St. Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of aged</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7-84X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2/3/</u> , 19 <u>51</u> , to <u>2/5/</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/5/</u> , 19 <u>51</u> , and that death occurred at <u>12:35 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. Johnson Jr.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>2/9/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/7/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Duncan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 10-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u> ADDRESS <u>Poplar Bluff, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 13 1961

BUTLER CO. HEALTH CENTER

FILE No. 251-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Wallace H. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 9mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.